_					
Fili	l in this information to ident	ify your case:			
Un	ited States Bankruptcy Court	for the:			
MII	DDLE DISTRICT OF PENNS	YLVANIA			
Са	se number (if known)		– Chapter <b>11</b>		
				☐ Check if this an amended filing	
V (	ore space is needed, attach	on for Non-Individu a separate sheet to this form. On the to	op of any additional pages, v	rite the debtor's name and case number (i	4/16 if known).
1.	Debtor's name	Meadowbrook Coal Co., Inc.			
2.	All other names debtor used in the last 8 years				
	Include any assumed names, trade names and doing business as names				
3.	Debtor's federal Employer Identification Number (EIN)	25-1870051			
4.	Debtor's address	Principal place of business	Mailin busine	address, if different from principal place ss	of
		6690 State Rt 209	Box 4	77	
		Lykens, PA 17048	Lyker	s, PA 17048	
		Number, Street, City, State & ZIP Code	P.O. B	ox, Number, Street, City, State & ZIP Code	
		Dauphin		on of principal assets, if different from prin	ncipal
		County	place	of business	
			Numbe	r, Street, City, State & ZIP Code	
5.	Debtor's website (URL)				
6.	Type of debtor	Corporation (including Limited Liabili	ty Company (LLC) and Limited	Liability Partnership (LLP))	

☐ Partnership (excluding LLP)

☐ Other. Specify:

Official Form 201

4/19/18

When

1:18-bk-01609

Desc

Case number, if known

Middle District of

Pennsylvania

District

Desc

□ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

□ \$100,001 - \$500,000

□ \$500,001 - \$1 million

□ \$50,000,001 - \$100 million

□ \$100,000,001 - \$500 million

## Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is trued and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on MM / DD / YYYY

Signature of authorized representative of debtor

Scott Kimmel
Printed name

Title President

18. Signature of attorney

Signature of lattorney for distitor

Date 6-12-2016

Robert E. Chernicoff, Esquire 23380

Printed name

Cunningham, Chernicoff & Warshawsky, P.C.

Firm name

2320 North Second Street

Harrisburg, PA 17110

Number, Street, City, State & ZIP Code

Contact phone (717) 238-6570

Email address

23380 PA

Bar number and State